

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/599327		FILING DATE					
							APPLICANT(S)							
CLAIMS														
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1			1					51						
2					-			52						
3					-			53						
4					-			54						
5					-			55						
6					-			56						
7					-			57						
8					-			58						
9					-			59						
10					-			60						
11					-			61						
12					-			62						
13					-			63						
14					-			64						
15					-			65						
16					-			66						
17					-			67						
18					-			68						
19					-			69						
20					-			70						
21					-			71						
22					-			72						
23					-			73						
24					-			74						
25					-			75						
26					-			76						
27					-			77						
28					-			78						
29					-			79						
30					-			80						
31					-			81						
32					-			82						
33					-			83						
34					-			84						
35					-			85						
36					-			86						
37					-			87						
38					-			88						
39					-			89						
40					-			90						
41					-			91						
42					-			92						
43					-			93						
44					-			94						
45					-			95						
46					-			96						
47					-			97						
48					-			98						
49					-			99						
50					-			100						
TOTAL IND.			1		2			TOTAL IND.			1		2	
TOTAL DEP.		20			21			TOTAL DEP.			20		21	
TOTAL CLAIMS			21					TOTAL CLAIMS						